

KATRINA ASSISTANCE RELIEF EFFORT (K.A.R.E.) REQUEST FOR FUNDING

These funds are reimbursement for costs incurred for Katrina Assistance Relief Effort (K.A.R.E.) operations ONLY. All costs must be documented. Receipts will be required at a later date. If back up documentation (receipts) is not maintained/available, funding may be required to be returned.

Please complete the form below. Please give accurate and complete information. Funds will be mailed to address listed. This form may be submitted by email to AR Department of Emergency Management at adem@adem.state.ar.us or faxed to 501-730-9754 (ATTN:K.A.R.E. operations). Forms will also be available at the local County Judge's office who can fax them to this office.

Name of Organization _____
Church/County/City/State Agency/School, etc.

Address: _____
Street/P.O. Box

City **Zip code**

Point of Contact _____

Telephone _____

Amount of funds requested _____

Purpose/Justification _____

I, hereby, certify these funds have been used for purpose of Katrina Assistance Relief Effort (K.A.R.E.) operations only and receipts to verify costs will be submitted on request:

Authorized Representative Signature _____

Date _____